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APPLICATION NO.	FILING DATE	FILING DATE		TOR	ATTORNEY DOCKET NO			CONFIRMATION NO.		
09/675,650	50 09/29/2000		Ursula Busse			1619.0080001/SRL/TBB			1706	
TITLE OF INVENTION	: PCA3 MESSENGER F	RNA SPECIES IN BENIC	·			···· 1		.		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	E PREV. PAID ISSUE I		TOTAL FEE(S) DUE	DATED	UE	
nonprovisional	nonprovisional YES		\$0		\$0		\$720	03/28/2008		
EXAMINER .		ART UNIT	CLASS-SUBCLASS							
YU, MISOOK 1642			536-023100							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent	In printing on the patent front page, list the names of up to 3 registered patent attorneys tents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to tistered patent attorneys or agents. If no name is 1, no name will be printed.						
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Comp	A TO BE PRINTED ON a signee old this form is NO	data will annear on th	he pa g an a	itent. If an assign assignment.			locument has bee	n filed for	
DiagnoCure Inc.		Sainte-Foy, Q	Sainte-Foy, Quebec, CANADA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity								oup entity G	overnment	
4a. The following fee(s) ☑ Issue Fee ☑ Publication Fee (N ☑ Advance Order	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. online credit card pymt authorization attached The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).									
5. Change in Entity Sta	tus (from status indicate	•	☑ b. Applicant is no	long	ger claiming SMA	LL ENT	ΓΙΤΥ status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other th						er party in	
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